

1 Leon Jon Bonney, Esq. (SBN 109010)  
2 Bonney & Associates Attorney at Law  
3 825 Van Ness Avenue, Suite 304  
4 San Francisco, CA 94109-7837  
5 Tel: 1-415-986-0115 Fax: 1-415-236-6479  
6 Email: [ljbonney@earthlink.net](mailto:ljbonney@earthlink.net)

7 Attorney for Debtors

5 **UNITED STATES BANKRUPTCY COURT**  
6 **NORTHERN DISTRICT OF CALIFORNIA**

7 In re:  
8 Julio P Julao Jr.  
9 Elisa P Julao

10 Debtors

11 Case No. 09-31756 DM Ch. 13

12 R.S. No. GO-171

**DEBTOR'S OPPOSITION TO MOTION  
RELIEF FROM STAY [HSBC Wells Fargo]**

Hearing Date: June 30, 2011 09:30 AM

Judge: MONTALI

Place: Crt Rm 22 – USBC 235 Pine Street San  
Francisco

13 **DEBTOR'S OPPOSITION TO RELIEF FROM STAY R.S. No. GO-171**

14 Movant is HSBC Bank USA, Trustee FOR Wells Fargo Asset Securities Corporation.  
15 This is a restored motion based on Movant's allegation that the debtors' loan modification was  
16 denied on the basis that the loan modification application was not submitted. Movant is in  
17 error, the loan modification was submitted.

18 The loan modification packet was transmitted on May 6, 2011 at 11:26 AM Pacific to  
19 Atiya.Z.Nixon@wellsfargo.com, Cc: "Casper J Rankin" [crankin@piteduncan.com](mailto:crankin@piteduncan.com); 1-866-  
359-7363@myfax.com; "Elisa P. Julao" [elisaj@comcast.net](mailto:elisaj@comcast.net). The email  
20 Atiya.Z.Nixon@wellsfargo.com is Atiya Z Nixon the Wells Fargo representative that was  
21 assigned and identified to me to be the person responsible for processing the debtors' loan  
22 modification application. Casper J Rankin is an attorney with Pite Duncan that has been  
23 identified in previous of Movant's motions as its counsel. The phone number 1-866-359-7363  
24 is the fax number which I was given by Wells Fargo as the number to fax the loan modification  
25 documents. My fax service is an electronic fax service that is accomplished via email;  
26 therefore the email address of 1-866-359-7363@myfax.com was used to fax the documents. A  
27 copy of the email evidencing the transmission is attached hereto and incorporated herein by  
reference.

1           Included in the loan modification application were the documents identified by Ms  
2 Nixon as the required documents for the loan modification application and included 1.  
3 Hardship Statement 2. Request For Modification and Affidavit (RMA) 3. WFHM Financial  
4 Worksheet 4. Dodd-Frank Certification 5. IRS FORM 4506T-EZ 6. Pay Stubs for Both  
5 Borrowers 7. 2010 Federal Income Tax Return. A copy of the loan modification application is  
6 attached hereto and incorporated herein by reference.

7           By letter dated April 27, 2011 Ms Nixon informed me that she was "removing" the file  
8 because she alleged she was not able to obtain additional information. However, in the same  
9 letter she stated that: "We can reopen the file once the necessary documents have been  
10 obtained." A copy of the letter is attached hereto and incorporated herein by reference. By  
11 letter dated April 29, 2011 I requested that Ms Nixon keep the file open for the reason that the  
12 documents would be delivered the following week and that the debtors had not abandoned their  
13 request for a loan modification. A copy of the letter is attached hereto and incorporated herein  
14 by reference. A copy of this letter was also delivered to Ms Nixon by fax and email dated  
15 April 29, 2011. Ms Nixon replied by email dated April 29, 2011 that: "I will open the file back  
16 up when I receive the documents needed. You can send the documents via email or fax. If you  
17 send the documents by fax please email me to notify." A copy of the email is attached hereto  
18 and incorporated herein by reference. As previously noted the loan modification packet was  
transmitted on May 6, 2011 at 11:26 AM Pacific to Atiya.Z.Nixon@wellsfargo.com, Cc:  
"Casper J Rankin" crankin@piteduncan.com; 1-866-359-7363@myfax.com; "Elisa P. Julao"  
elisaj@comcast.net.

19           By email to Ms Nixon (Atiya.Z.Nixon@wellsfargo.com) dated Tuesday, May 24, 2011  
20 11:23 AM I requested a status update. A copy of the email is attached hereto and incorporated  
21 herein by reference. I did not receive a reply other than the *NOTICE OF MOTION FOR*  
*RELIEF FROM AUTOMATIC STAY* filed on May 24, 2011.

22           Based on Movant's representation to open the file as stated by Ms Nixon in her email  
23 dated April 29, 2011 (copy attached) it is improper for Movant to proceed with the Motion for  
24 relief without having complied with their representation. The previous orders of this court  
25 called for Movant to review and reply to debtors' loan modification application. As of the date  
26 of this pleading there has not been a formal rejection of the submitted loan modification  
27 application, nor has there been any communication regarding status.

1 WHEREFORE, debtors' request that the motion be denied and that Movant be  
2 compelled to address debtors' loan modification application.

3 RESPECTFULLY SUBMITTED

4 /s/ Leon Jon Bonney

5 Leon Jon Bonney Attorney for Debtors, SBN: 109010

Dated: June 28, 2011

## **CERTIFICATE OF SERVICE**

I, Leon Jon Bonney, hereby certify that I am an active member of the State Bar of California, Member Number 109010, and I am not a party to the within action. My business address is 825 Van Ness Avenue, Suite 304 San Francisco, CA 94109-7837.

On June 28, 2011, a true and accurate photo-copy of the following attached document(s) was/were served by one or more of the methods checked below:

**• DEBTOR'S STATUS STATEMENT RE RELIEF FROM STAY R.S. No. GO-171**

David Burchard, Trustee  
393 Vintage Park Drive Ste 150  
Foster City, CA 94404  
TRUSTEE  
Via ECF/ECM PACER at  
[TESTECF@burchardtrustee.com](mailto:TESTECF@burchardtrustee.com),  
[dburchard13@ecf.epiqsystems.com](mailto:dburchard13@ecf.epiqsystems.com)

PITE DUNCAN, LLP  
c/o Gabriel Ozel, Esq.  
4375 Jutland Drive, Ste 200  
San Diego, CA 92117  
**ATTORNEY FOR CREDITOR**  
Via ECF/ECM PACER at Gabriel Ozel  
[ecfcanb@piteduncan.com](mailto:ecfcanb@piteduncan.com)  
Via Fax 1-619-590-1385

- |  |  |
|--|--|
| <input type="checkbox"/> First Class US Post Service       | <input type="checkbox"/> Overnight Express via   |
| <input checked="" type="checkbox"/> Facsimile Transmission | <input type="checkbox"/> Federal Express   |
| <input type="checkbox"/> Certified Mail                    | <input type="checkbox"/> Personal Hand Delivery  |
| <input checked="" type="checkbox"/> Via Electronic Email   | <input checked="" type="checkbox"/> Other Trustee by PACER Noticing &<br>Other Parties Agreeing To Electronic Notice |

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and that this declaration was executed on June 28, 2011, in San Francisco, California.

/s/ Leon Jon Bonney

## ATTACHMENT 1 JULAO 09-31756 DM

**Bonney & Associates**

**From:** "Leon Jon Bonney Atty" <bonney@lbonney.com>  
**To:** <Atiya.Z.Nixon@wellsfargo.com>  
**Cc:** "Casper J Rankin" <crankin@piteduncan.com>; <1-866-359-7363@myfax.com>; "Elisa P. Julao" <elisaj@comcast.net>  
**Sent:** Friday, May 06, 2011 11:26 AM  
**Attach:** BINDER LOAN MOD FINAL SEND JULAO.pdf  
**Subject:** Julio & Elisa Julao Ch13 09-31756 DM Loan Number: 708 0062733753 Wells Fargo Home Mortgage  
Attn: Atiya Z. Nixon  
Well Fargo Home Mortgage – Loss Mitigation RMA  
1000 Blue Gentian RD Ste 300  
Eagan, MN 55121  
Via Fax 1-866-359-7363 and Email: Atiya.Z.Nixon@wellsfargo.com

Re Attorney's Authorization to Contact Borrowers  
Loan Number: 708 0062733753 Wells Fargo Home Mortgage  
3906 Savannah Ct, South San Francisco, CA 94080-3947  
Borrowers: Julio P Julao and Elisa P Julao  
In re Julio P Julao and Elisa P Julao Ch 13 Bankruptcy Case No. 09-31756 DM  
Request for workout options - Loan Modification Application Attached

Dear Ms Nixon,

Attached hereto please find the “loan modification” application of Mr. and Mrs. Julao.  
Included here with are the following documents:

1. Hardship Statement
2. Request For Modification and Affidavit (RMA)
3. WFHM Financial Worksheet
4. Dodd-Frank Certification
5. IRS FORM 4506T-EZ
6. Pay Stubs for Both Borrowers
7. 2010 Federal Income Tax Return

The attached documents represent all the documents and requests for information that you or your attorney has identified as being required to consider a loan modification. If there is any additional information or document that you require please let me know.

**AUTHORIZATION TO CONTACT BORROWERS:**

Please also consider this letter as authorization by Leon Jon Bonney attorney for the Julao's to WFHM, or its agents, to contact the borrowers direct for purposes of this loan modification.

Best Regards,

Leon Jon Bonney, Esq.  
Bonney & Associates Attorney at Law  
825 Van Ness Avenue Ste. 304 San Francisco, CA 94109-7891  
Tel: 1-415-986-0115 Fax: 1-415-236-6479 Web: [www.LBonney.com](http://www.LBonney.com) Email:  
[Bonney@LBonney.com](mailto:Bonney@LBonney.com)

Licensed by the State Bar of California Since 1983. Office Hours M-F 9-5

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The information in this e-mail, including any attachments, is considered confidential and is

6/28/2011

ATTACHMENT 1 JULAO 09-31756 DM

intended only for the recipient(s) listed above. This email is covered by the Electronic Communications Privacy Act, 18 USCA 2510-2521. Any review, use, disclosure, distribution or copying of this e-mail is prohibited except by or on behalf of the intended recipient. If you have received this email in error, please notify me immediately by reply email, delete this email, and do not disclose its contents to anyone. Thank you.

**ATTACHMENT 2 JULAO 09-31756 DM**

**LEON JON BONNEY, ESQ.**

**ATTORNEY AT LAW**

**BONNEY & ASSOCIATES**

**825 VAN NESS AVENUE, SUITE 304  
SAN FRANCISCO, CA 94109-7891**

**TEL (415) 986-0115 FAX (415) 236-6479**

**Email: bonney@Lbonney.com**

**Web: www.Lbonney.com**

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May 4, 2011

Attn: Atiya Z. Nixon  
Well Fargo Home Mortgage – Loss Mitigation RMA  
1000 Blue Gentian RD Ste 300  
Eagan, MN 55121  
Via Fax 1-866-359-7363 and Email: Atiya.Z.Nixon@wellsfargo.com

Re     Attorney's Authorization to Contact Borrowers  
Loan Number: 708 0062733753 Wells Fargo Home Mortgage  
3906 Savannah Ct, South San Francisco, CA 94080-3947  
Borrowers: Julio P Julao and Elisa P Julao  
In re Julio P Julao and Elisa P Julao Ch 13 Bankruptcy Case No. 09-31756 DM  
Request for workout options - Loan Modification Application Attached

Dear Ms Nixon,

Attached hereto please find the "loan modification" application of Mr. and Mrs. Julao. Included here with are the following documents:

1. Hardship Statement
2. Request For Modification and Affidavit (RMA)
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4. Dodd-Frank Certification
5. IRS FORM 4506T-EZ
6. Pay Stubs for Both Borrowers
7. 2010 Federal Income Tax Return

The attached documents represent all the documents and requests for information that you or your attorney has identified as being required to consider a loan modification. If there is any additional information or document that you require please let me know.

**AUTHORIZATION TO CONTACT BORROWERS:**

Please also consider this letter as authorization by Leon Jon Bonney attorney for the Julao's to WFHM, or its agents, to contact the borrowers direct for purposes of this loan modification.

Cordially,



---

Leon Jon Bonney  
Attorney at Law

Cc:     Mr. & Mrs. Julao, D Burchard Ch13 Trustee, Judge Montali,  
         C Rankin Attorney for WFHM - crankin@piteduncan.com  
W/attachments

LJB/mmi

ATTACHMENT 2 JULAO 09-31756 DM

LEON JON BONNEY, ESQ.

ATTORNEY AT LAW

BONNEY & ASSOCIATES

825 VAN NESS AVENUE, SUITE 304  
SAN FRANCISCO, CA 94109-7891

TEL (415) 986-0115 FAX (415) 236-6479

Email: bonney@Lbonney.com Web: www.Lbonney.com

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May 4, 2011

Attn: Atiya Z. Nixon  
Well Fargo Home Mortgage – Loss Mitigation RMA  
1000 Blue Gentian RD Ste 300  
Eagan, MN 55121  
Via Fax 1-866-359-7363 and Email: Atiya.Z.Nixon@wellsfargo.com

Re Hardship Statement  
Loan Number: 708 0062733753 Wells Fargo Home Mortgage  
3906 Savannah Ct, South San Francisco, CA 94080-3947  
Borrowers: Julio P Julao and Elisa P Julao  
In re Julio P Julao and Elisa P Julao Ch 13 Bankruptcy Case No. 09-31756 DM  
Request for workout options - Loan Modification Application

To Whom It May Concern,

This letter is written on behalf of Borrowers Julio P Julao and Elisa P Julao and is intended as their statement of hardship. I am authorized to write this letter on their behalf pursuant to federal bankruptcy court orders establishing me as their counsel of record.

The Julao's suffered financial hardship due in main cause to 1) a reduction in income; 2) an increase in housing costs in particular the mortgage obligations, and 3) tax liability incurred when debtors chose not to pay their income tax liability in favor of paying their mortgages. The result of which was their petition for relief under Bankruptcy Ch 13 Case No. 09-31756 DM. In summary, their efforts to maintain their home under the high costs of the two WF mortgages resulted in their insolvency (The second mortgage has since been ordered "lien stripped" by order of the bankruptcy court.). The federal bankruptcy court recognizing their insolvency approved their Chapter 13 plan on October 16, 2009.

The debtors continue to struggle making their mortgage payments as can be seen by the Motion for Relief from Stay filed by WFHM. The court recognizing the true condition of financial hardship faced by the borrowers has restricted by court order the payment to WFHM to 31% of the borrowers' gross income as found under the filed Schedule I. The Julao's are seeking a modification of their mortgage obligations under the same or similar terms as temporarily ordered by the Federal Bankruptcy Court.

Cordially,



Leon Jon Bonney  
Attorney at Law  
Cc: Mr. & Mrs. Julao, D Burchard Ch13 Trustee, Judge Montali  
W/attachments

LJB/mmi

Making Home Affordable Program  
Request For Modification and Affidavit (RMA)

## ATTACHMENT 2 JULAO 09-31756 DM



## REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 1

COMPLETE ALL THREE PAGES OF THIS FORM

Loan I.D. Number 708 0062733753 Servicer Wells Fargo Home Mortgage

BORROWER		CO-BORROWER	
Borrower's name <u>Julio P Julao</u>	Date of birth <u>May 10, 1958</u>	Co-borrower's name <u>Elisa P Julao</u>	Date of birth <u>June 29, 1958</u>
Social Security number [REDACTED]	Home phone number with area code (650) 878-5285	Social Security number [REDACTED]	Home phone number with area code (650) 878-5285
Cell or work number with area code (415) 646-5751	<i>Court Redacted SSN: 6/30/11</i>	Cell or work number with area code (415) 314-6132	

I want to:	<input checked="" type="checkbox"/> Keep the Property	<input type="checkbox"/> Sell the Property
The property is my:	<input checked="" type="checkbox"/> Primary Residence	<input type="checkbox"/> Second Home <input type="checkbox"/> Investment
The property is:	<input checked="" type="checkbox"/> Owner Occupied	<input type="checkbox"/> Renter Occupied <input type="checkbox"/> Vacant

Mailing address <u>3906 Savannah Ct, South San Francisco, CA 94080-3947</u>	E-mail address <u>elisaj@comcast.net</u>		
Property address (if same as mailing address, just write same) <u>same</u>			
Is the property listed for sale? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Have you contacted a credit-counseling agency for help? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Have you received an offer on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please complete the following:		
Date of offer _____ Amount of offer \$ _____	Counselor's Name: <u>Leon Jon Bonney Attorney</u>		
Agent's Name: _____	Agency Name: <u>Bonney &amp; Associates</u>		
Agent's Phone Number: _____	Counselor's Phone Number: <u>(415) 986-0115</u>		
For Sale by Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Counselor's E-mail: <u>Bonney@Lbonney.com</u>		
Who pays the real estate tax bill on your property?	Who pays the hazard insurance premium for your property?		
<input checked="" type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA	<input checked="" type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by Condo or HOA		
Are the taxes current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is the policy current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Condominium or HOA Fees <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$ _____	Name of Insurance Co.: <u>Allstate Insurance Company 0-37-960342-03/31</u>		
Paid to: <u>taxes are escrowed within monthly payment</u>	Insurance Co. Tel #: <u>(800) 255-7828</u>		
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes: <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 13	Filing Date: <u>6/26/09</u>		
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Bankruptcy case number <u>09-31756 DM</u>			
Additional Liens/Mortgages or Judgments on this property:    **Subject to ORDER VALUING LIEN OF WELLS FARGO BANK NA.			
Lien Holder's Name/Servicer <u>**Wells Fargo Bank, N.A.</u>	Balance <u>108,072.24</u>	Contact Number <u>(800) 241-0039</u>	Loan Number <u>172364360</u>

HARDSHIP AFFIDAVIT	
<p>I (We) am/are requesting review under the Making Home Affordable program. I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):</p>	
<input checked="" type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.	
<input checked="" type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	
✓ Other:	Due to our financial situation we had to file a bankruptcy under Ch13 Case #09-31756 DM
Explanation (continue on back of page 3 if necessary): <u>SEE ATTACHED HARDSHIP LETTER FOR EXPLANATION.</u>	

# ATTACHMENT 2 JULAO 09-31756 DM

REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 2

COMPLETE ALL THREE PAGES OF THIS FORM

## INCOME/EXPENSES FOR HOUSEHOLD

Number of People in Household: 4

<i><b>Monthly Household Income</b></i>		<i><b>Monthly Household Expenses/Debt</b></i>	<i><b>Household Assets</b></i>
Monthly Gross Wages	\$ 11,135.00	First Mortgage Payment	\$ 3,927.05
Overtime	\$ 0	Second Mortgage Payment	\$ 0
Child Support / Alimony / Separation <sup>2</sup>	\$ 0	Insurance	\$ 420.00
Social Security/SSDI	\$ 0	Property Taxes	\$ part of mortgage
Other monthly income from pensions, annuities or retirement plans	\$ 0	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$ 0
Tips, commissions, bonus and self-employed income	\$ 0	Alimony, child support payments	\$ 0
Rents Received	\$ 0	Net Rental Expenses	\$ 0
Unemployment Income	\$ 0	HOA/Condo Fees/Property Maintenance	\$ 0
Food Stamps/Welfare	\$ 0	Car Payments	\$ 0
Other (investment income, royalties, interest, dividends etc.)	\$ 0	Other Utilities \$350.00 Chapter 13 payment \$900.	\$ 1,250.00
<b>Total (Gross Income)</b>	<b>\$ 11,135.00</b>	<b>Total Debt/Expenses</b>	<b>\$ 5,597.05</b>
			Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)
			<b>Total Assets</b> <b>\$18,775.00</b>

## INCOME MUST BE DOCUMENTED

<sup>1</sup>Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

<sup>2</sup>You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

## INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER	I do not wish to furnish this information		CO-BORROWER	I do not wish to furnish this information	
Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input checked="" type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input checked="" type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	Race:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> White			<input type="checkbox"/> White	
Sex:	<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Male
<b>To be completed by interviewer</b>					
This request was taken by:		Interviewer's Name (print or type) & ID Number		Name/Address of Interviewer's Employer	
<input type="checkbox"/> Face-to-face interview		Interviewer's Signature	Date		
<input type="checkbox"/> Mail					
<input type="checkbox"/> Telephone					
<input type="checkbox"/> Internet		Interviewer's Phone Number (include area code)			

page 2 of 3 ▶

**ATTACHMENT 2 - JULAO 09-31756 DM**

REQUEST FOR MODIFICATION AND AFFIDAVIT (HMA) page 3

COMPLETE ALL THREE PAGES OF THIS FORM

**ACKNOWLEDGEMENT AND AGREEMENT***In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:*

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

▶ Julio P Julao

5/3/11

Borrower Signature

Date

▶ Elisa P Julao

5/3/11

Co-Borrower Signature

Date

**HOMEOWNER'S HOTLINE***If you have questions about this document or the modification process, please call your servicer.**If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.***NOTICE TO BORROWERS**

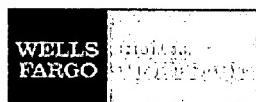
Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or [www.sigtarpp.gov](http://www.sigtarpp.gov). Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



page 3 of 3

**ATTACHMENT 2 JULAO 09-31756 DM**



**FINANCIAL WORK SHEET**

Primary Insurance Certificate No.:				LOAN No. : 708-0062733753
				MIC/LGIC No. :
Borrower's Name : Julio P. Julao, Jr.	Social Security #	-6393		
Borrower's Name : Elisa P. Julao	Social Security #	-6117		
Home Phone No. : 415-314-6132	Work Phone No. :	415-646-5751		
If necessary who should we call to set up an appointment to appraise the property: Elisa Julao				

**PROPERTY ADDRESS**

Street Address, City, State, Zip Code : 3906 Savannah Court, South San Francisco, CA 94080
---

**MAILING ADDRESS** (If different than property address)      Rent    XX    Own    How Long    5 YR

Street Address, City, State, Zip Code:
--

**I. MONTHLY INCOME DATA**

DESCRIPTION	INCOME BORROWER	INCOME CO-BORROWER	TOTAL
Net Salary Wages	3,646.00	4,177.00	7,823.00
Commission/ Bonuses	0	0	
Other (Identify)	0	0	
Total Net Income	3,646.00	4,177.00	7,823.00

**II. ASSETS**

**III. LIABILITIES**

DESCRIPTION	ESTIMATED VALUE	DESCRIPTION	MONTHLY PAYMENT	BALANCE DUE
HOME	\$545,000.00	MORTGAGE	3,927.05	706,193.39
OTHER REAL ESTATE	0	OTHER MORTGAGE/RENT	0	
AUTOMOBILE	11,200.00	ALIMONY/CHILD CARE	0	
AUTOMOBILE	4,825.00	AUTOMOBILE	0	
CHECKING ACCOUNTS	2500	AUTOMOBILE	0	
SAVING/MONEY MRKT	0	UTILITIES (TOTAL)	350	0
IRA/EOGH ACCOUNTS	0.00	STUDENT LOAN	0	
401K/ESOP ACCOUNTS	48,000.00	CREDIT CARDS (TOTAL)	0	
STOCK/BOND CD'S	0	OTHER EXPENSES Ch13	900	36,000.00
OTHER INVESTMENTS	0			
		<b>TOTAL:</b>	5,177.05	742,193.39

Please briefly explain your hardship or reason for being delinquent:

Our financial situation forced us into Ch13 Bankruptcy Case#09-31756 DM

**SEE ATTACHED HARDSHIP LETTER**

I (we) certify that the financial information stated above is true, and is an accurate statement of my/our financial condition.

I/we understand and acknowledge that any action taken by the lender of my/our mortgage loan on my/our behalf will be made in strict reliance on the financial information provided. My/our signature(s) below grants the holder of my/our mortgage the authority to obtain a credit report to verify the information in this financial to be accurate.

NOTICE: ATI Title Co. is a subsidiary of Norwest Mortgage, Inc. A lender is allowed to require the use of an Attorney,

Escrow Agent/Credit Reporting Agency or Real Estate Appraiser chose to represent the lender's interest.

By Julio P. Julao Date: 5 / 3 / 11 By Elisa P. Julao Date 5 / 3 / 11

**FINAL INSTRUCTIONS**

- \* Make sure you have signed and dated the form
- \* Include copy of your last year's Federal Tax Return with all attachments
- \* Include copy of your most recent pay stubs or proof of income if self-employed

HELP FOR AMERICA'S HOMEOWNERS.

**DODD-FRANK CERTIFICATION**

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

**Borrower**

- I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:  
 (a) felony larceny, theft, fraud or forgery, (b) money laundering or  
 (c) tax evasion

&lt;1/1|

**Additional Co-Borrower (1)**

- I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:  
 (a) felony larceny, theft, fraud or forgery, (b) money laundering or  
 (c) tax evasion

|1/1|&gt;

**Co-Borrower**

- I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:  
 (a) felony larceny, theft, fraud or forgery, (b) money laundering or  
 (c) tax evasion

**Additional Co-Borrower (2)**

- I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:  
 (a) felony larceny, theft, fraud or forgery, (b) money laundering or  
 (c) tax evasion

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

Julio P Julao

Print Borrower Name

Borrower Signature

5/3/11

Date

Elisa P Julao

Print Co-Borrower Name

Co-Borrower Signature

5/3/11

Date

## ATTACHMENT 2 JULAO 09-31756 DM

Form 4506T-EZ

(Rev. January 2010)

Department of the Treasury  
Internal Revenue Service

## Short Form Request for Individual Tax Return Transcript

OMB No. 1545-2154

► Request may not be processed if the form is incomplete or illegible.

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.

Julio P. Julao, Jr.

1b First social security number on tax return

6393

2a If a joint return, enter spouse's name shown on tax return.

Elisa P. Julao

2b Second social security number if joint tax return

6117

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

3906 Savannah Court, South San Francisco, CA 94080

4 Previous address shown on the last return filed if different from line 3

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name

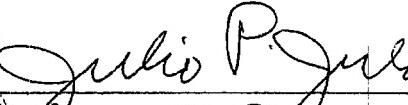
Telephone number

Wells Fargo Home Mortgage, and/or its agents

Address (including apt., room, or suite no.), city, state, and ZIP code

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.**Signature of taxpayer(s).** I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, either husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Sign Here	Julio P Julao		5/3/11	Telephone number of taxpayer on line 1a or 2a
	Signature (see instructions)		Date	415-314-6132
	Elisa P Julao		5/3/11	
	Spouse's signature		Date	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54185S

Form 4506T-EZ (Rev. 01-2010)

## ATTACHMENT 2 JULAO 09-31756 DM

**Purpose of form.** Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Form 4506-T can also be used for requesting tax return transcripts.

**Automated transcript request.** You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

**Where to file.** Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAIWS teams, send your request to the team based on the address of your most recent return.

<b>If you filed an individual return and lived in:</b>	<b>Mail or fax to the "Internal Revenue Service" at:</b>
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIWS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIWS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming	RAIWS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIWS Team Stop 6705-B41 Kansas City, MO 64899 816-292-6102

**Signature and date.** Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see **Where to file** on this page.

1# 2330343# 10412038 2419600111241#

FILENO 139311	NAME J JULAD	COADDR SFOPD	ORGAN 08834	ST 04	JOBCODE 603524	TAX KEY 04041000	PEN 11	DEPOSIT# 02330343	HOME ADDRESS 3906 SAVANNAH COURT SOUTH SAN FRANCISCO CA 94080	
PERIOD: 03/13/11 - 03/26/11		CHECK DATE: 04/07/11		US EXEMPTIONS		FED: 03	STATE: 04			
YEAR-TO-DATE DESCRIPTION	US DOLLARS	CURRENT EARNINGS DESCRIP	US DOLLARS	DESCRIPT	US DOLLARS	DEDUCTIONS DESCRIP	US DOLLARS	DESCRIPT	US DOLLARS	HOURS PAID
US YTD TXBL WAGES	21191.84	REGULAR PAY	2377.60	FED TAX	310.88	FICA TAX	170.91	REGULAR	80.00	
US STATE WH TAX	501.82	TIME/HALF	713.28	CA ST TX	84.30	CA SDI	36.26	OVERTIME	16.00	
US FICA WH TAX	1198.18	SHIFT PAY	55.12	SALARY ADV	1200.00	IBT LTD	12.78			
US FEDERAL WH TAX	2602.08	GROSS PAY	3146.00	GUL EMP	4.98	401K DEDUCT	295.86			
401K		HMO DED	-96.20	401K DEDN2	91.56	IBT856DUES	65.00			
MISC TAX	254.30	DENTAL	-14.16							
		VISION DED	-14.36							
		ADJ GROSS	3021.28							
MEMO ITEMS	US DOLLARS									
ST - FICA	3.72									
BANK# : 121100782 ACCT# : #00003903										
TOTAL DEDUCTIONS: 2272.53 DEPOSIT AMT: 748.75										
SICK BAL 848.00 OCC BAL 1664.00 AS OF 03/26/11										
LT EMPLOYEE PASS TRAVEL CHARGE DETAIL =LT ORG DES FLYDATE CL REL TAXES SVC CHG										

2371498

DEPOSIT #: 02371498

**UNITED**  
ATTACHMENT 2 JULAO 09-31756 DM

DATE: 05 MAY 11

DIRECT DEPOSIT FOR:

VOID VOID

JULIO P. JULAO

VOID

FILE : CO-MODN ST ORGAN  
139311 SFOPD 4 8834 02371498 05/05/11

NOT NEGOTIABLE

Security Features  
Indicated:  
• Ink on back.

DIRECT DEPOSIT

**THIS IS NOT A CHECK**DEPOSIT TO BANK# 121100782  
ACCT# #W#3903

VOID

# 2371498# 104120382409800111241#

FILENO	NAME	BOADDR	ORGAN	ST	JOBCODE	TAX KEY	PEN	DEPOSITS	HOME ADDRESS
139311	J JULAO	SFOPD	8834	04	603624	04041000	11	02371498	3906 SAVANNAH COURT SOUTH SAN FRANCISCO CA 94080
PERIOD: 04/10/11 - 04/23/11		CHECK DATE: 05/05/11		US EXEMPTIONS		FED: D3	STATE: 04		
YEAR-TO-DATE		US DOLLARS	CURRENT EARNINGS	DESCRIPT	US DOLLARS	DESCRIPT	US DOLLARS	DESCRIPT	US DOLLARS
US YTD TXBL WAGES	25882.40	REGULAR PAY	2377.60	FED TAX	201.98	FICA TAX	129.89	REGULAR	80.00
US STATE WH TAX	576.24	SHIFT PAY	42.40	CA ST TX	37.21	CA SDI	27.54		
US FICA WH TAX	1463.40	GROSS PAY	2420.00	IBT LTD	12.76	GUL EMP	4.98		
US FEDERAL WH TAX	3031.04	HMO DED	-96.20	401KDEDUCT	295.86	401K DEDN2	91.56		
401K		DENTAL	-14.16	IBT856DUES	65.00				
MISC TAX	310.58	VISION DED	-14.36						
		ADJ GROSS	2295.28						

MEMO ITEMS US DOLLARS

GT - FICA 3.72

SICK BAL 856.00  
OCC BAL 1672.00  
AS OF 04/23/11

TOTAL DEDUCTIONS: 866.80 DEPOSIT ANT: 1428.48

FLT ORG DES FLTDATE CL REL TAXES SVC CHG  
EMPLOYEE PASS TRAVEL CHARGE DETAIL

2346064

DEPOSIT #: 02346064

## ATTACHMENT 2 JULAO 09-031756.DM

DATE: 21 APR 11

DIRECT DEPOSIT FOR:

VOID

VOID

JULIO P. JULAO

FILE NUMBER: 139311  
SFOPD 08854 04 603524  
139311 SFOPD 08854 02346064 04/21/11

NOT NEGOTIABLE

DIRECT DEPOSIT  
**THIS IS NOT A CHECK!**DEPOSIT TO BANK# 121100782  
ACCT# #0##03903

VOID

Security features  
Inclusion,  
Details on back.

# 2346064# 004120382409600111241#

FILENO	NAME	COABDR	ORGAN	ST	JOBCODE	TAX KEY	PEN	DEPOSIT#	HOME ADDRESS
139311	J JULAO	SFOPD	08854	04	603524	04061000	11	02346064	5906 SAVANNAH COURT SOUTH SAN FRANCISCO CA 94080

PERIOD: 03/27/11 - 04/09/11 CHECK DATE: 04/21/11 US EXEMPTIONS FED: 03 STATE: 04

YEAR-TO-DATE		CURRENT EARNINGS	DEDUCTIONS						
DESCRIPTION	US DOLLARS	SCRIPT US DOLLARS	DESCRIP	US DOLLARS	SCRIPT	US DOLLARS	DESCRIP	HOURS PAID	
US YTD TXBL WAGES	23487.12	REGULAR PAY	2377.60	FED TAX	201.98	FICA TAX	129.68	REGULAR	80.00
US STATE WH TAX	539.03	SHIFT PAY	42.40	CA ST TX	57.21	CA SDI	27.54		
US FICA WH TAX	1327.86	GROSS PAY	2420.00	IBT LTD	12.78	BUL EMP	4.98		
US FEDERAL WH TAX	2804.06	HMO DED	-96.20	401KDEDUCT	295.86	401K DEDN2	91.56		
401K		DENTAL	-14.16						
MISC TAX	281.84	VISION DED	-14.36						
		ADJ GROSS	2295.28						

MEMO ITEMS US DOLLARS

SICK BAL 856.00  
OCC BAL 1672.00  
AS OF 04/09/11BANK# : 121100782  
ACCT# : #0##03903

TOTAL DEDUCTIONS: 801.59 DEPOSIT AMT: 1693.69

FLT EMPLOYEE PASS TRAVEL CHARGE DETAIL  
FLT ORG DES FLTDATE CL REL TAXES SVC CHG

SAN FRANCISCO UNIFIED SCH DIST  
135 Van Ness Avenue  
San Francisco, CA 94102

ATTACHMENT 2

Pay Group: CSC-Civil Service  
Pay Begin Date: 03/30/2011  
Pay End Date: 04/29/2011

Business Unit: CLASS:  
Advice #: 000000000597170  
Advice Date: 04/20/2011

Elias P Julia  
3906 Savannah Court  
South San Francisco CA 94080

Employee ID: 4431  
Department: 507-DR CHARLES DREW ELEMENTARY  
Location: Dr. Charles Drew E.S.  
Job Title: IS Administrator I  
Pay Rate: \$29.17 Hourly Grade: 394 Step S

TAX DATA Federal CA State  
Marital Status: Married Married (one income)  
Allowances: 0 0  
Addl. Per. Addl. Amt.

Description	Rate	Current Hours	Earnings	Hours	Familly	Description	Current	YTD
Regular Earnings	29.170000	56.00	1,633.52	456.00	13,301.52	Fed Withholding	28740	1,540.53
Longevity Premium			26.40		152.00	Fed MED/EE	37.91	269.25
Vacation	29.170000	24.00	700.08	64.00	1,866.88	Fed GASB/EE	109.83	779.90
Overtime - Classified	43.755000	8.00	350.04	16.00	700.08	CN Withholding	77.86	442.50
Paid Holiday			0.00	32.00	933.44	CN SDF/EE	32.32	219.53
Sick Pay			0.00	40.00	1,166.80			
Furlough District - Exception			0.00	15.00	466.72			
Floating Holiday			0.00	32.00	933.44			
<b>Total:</b>		<b>88.00</b>	<b>2,710.04</b>	<b>656.00</b>	<b>19,094.16</b>	<b>Total:</b>	<b>1339.52</b>	<b>8,654.51</b>
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Blue Shield Pre Tax	55.79	11832	Local 21 ProTech Dues	22.73	177.12	1021 Sick	230.41	
Blue Shield Pre Tax	32.41	1838				1021 Vacation	30.11	
City Ret Full New Plan/Pick Up	177.00	137936				1021 Clas Comp	0.0	
						1021 PL Holiday	80.7	
<b>Total:</b>	<b>222.23</b>	<b>13,047.61</b>		<b>22.73</b>	<b>177.12</b>			
<b>Current:</b>	<b>2,710.04</b>			<b>2,437.81</b>	<b>339.52</b>		<b>294.96</b>	<b>1,875.56</b>
<b>YTD:</b>	<b>19,094.16</b>			<b>17,189.40</b>	<b>3,631.31</b>		<b>1,061.85</b>	<b>13,360.97</b>
<b>MESSAGE:</b>							Advice #000000000597170	1,875.56
							<b>Total:</b>	<b>1,875.56</b>

SAN FRANCISCO UNIFIED SCH DIST  
135 Van Ness Avenue  
San Francisco, CA 94102

Date: 04/20/2011

Advice No:  
597170

Deposit Amount: \$1,875.56

To The Account(s) Of: ELIAS P JULIAO  
3906 Savannah Court  
South San Francisco CA 94080

DEPOSIT INFORMATION	Deposit Amount
Account Type:	
Checkbook:	1875.56
Total:	1875.56

NON-NEGOTIABLE

**ATTACHMENT 2 JULAO 09-31756 DM**

**SAN FRANCISCO UNIFIED SCH DIST**  
 135 Van Ness Avenue  
 San Francisco, CA 94102

Pay Group: CSC-Civl Service  
 Pay Begin Date: 03/16/2011  
 Pay End Date: 03/29/2011

Business Unit: CLASS  
 Advice #: 000000000594997  
 Advice Date: 04/06/2011

Elisa P Julia  
 3906 Savannah Court  
 South San Francisco CA 94088

Employee ID: 4431  
 Department: 507-DR CHARLES DREW ELEMENTARY  
 Location: Dr. Charles Drew E.S.  
 Job Title: IS Administrator I  
 Pay Rate: \$29.17 Hourly Grade: 394 Step: 5

TAX DATA: Federal: CA State:  
 Marital Status: Married: Married (one income)  
 Allowances: 0: 0  
 Addl. Pet.:  
 Addl. Amt.:

Description	Rate	Current Hours	Earnings	Hours	Earnings	Description	Current	YTD
Regular Earnings	29.17/000	36.00	1,033.52	400.00	11,568.00	Fed Withholding	201.85	1,463.88
Ptough District - Exception	29.17/000	8.00	233.36	16.00	453.47	Fed MED/ES	29.39	231.34
Floating Holiday	29.17/000	16.00	465.72	32.00	933.44	Fed OASDI/EE	85.11	670.07
Longevity Premium				21.60	1,061.60	CA Withholding	413.57	370.64
Vacation			0.00	40.00	1,664.00	CA SDI/PDI	25.40	196.61
Overtime - Classified			0.00	8.00	350.00			
Paid Holiday			0.00	32.00	933.44			
Sick Pay			0.00	40.00	1,664.00			
<b>Total:</b>		80.00	<b>2,121.84</b>	168.00	<b>16384.12</b>	<b>Total:</b>	<b>483.16</b>	<b>3,111.79</b>
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Blue Shield Pre Tax	55.70	300.53	Local 29 ProTech Dues	20.43	154.39	1021 - Sick		225.41
Blue Shield Pre Tax	39.44	39.44				1021 - Vacation		47.99
City Ret Full New Plan/Pick Up	159.14	1,202.30				1021 - Cls Comp		0.00
						1021 - FL-Holiday		0.00
<b>Total:</b>	<b>234.37</b>	<b>1,532.53</b>	<b>Total:</b>	<b>20.43</b>	<b>154.39</b>	<b>Total:</b>		
Current:	2,121.84		1,867.47		1,383.16	274.80		1,463.88
YTD:	16384.12		14,751.59		3,111.79	1,386.82		11,485.41
<b>MESSAGE:</b>						Advice #000000000594997		1,463.88
						<b>Total:</b>		<b>1,463.88</b>

**SAN FRANCISCO UNIFIED SCH DIST**  
 135 Van Ness Avenue  
 San Francisco, CA 94102

Date:  
 04/06/2011

Advice No.  
 594997

Deposit Amount: \$1,463.88

To The  
 Account(s) Of: ELISA P JULAO  
 3906 Savannah Court  
 South San Francisco, CA 94080

Account Type	Deposit Amount
Checking	1,463.88
<b>Total:</b>	<b>1,463.88</b>

**NON-NEGOTIABLE**

SAN FRANCISCO UNIFIED SCH DIST  
135 Van Ness Avenue  
San Francisco, CA 94102

## ATTACHMENT 2

Case No. 09-31756 DM

Pay Group: CSC-CIVI Service  
Pay Period Date: 04/13/2011  
Print Date: 06/28/2011

Business Unit CLASS  
Advice #: 000000000003269  
Advice Date: 05/04/2011

Employee Information		TAX DATA	Federal	CA State
		Withholding Status	Marital	Married (one Income)
Elisa P. Julio	Employee ID: 4431			
3905 Savannah Court	Department: 307-DR CHARLES DREW ELEMENTARY			
South San Francisco CA 94080	Location: Dr. Charles Drew E.S.			
	Job Title: IS Administrator			
	Pay Rate: \$29.17 Hourly Grade: 39% Step S			

Description	Current	Hours	Ending	Hours	Ending	Description	Current	YTD
Regular Earnings	29170000	72.00	2100.24	528.00	15401.76	Fed Withholding	20183	2,132.88
Punishment - Exception	29170000	6.00	233.36	24.00	700.08	Med SHD/EE	2989	298.64
Longevity Premium			21.60		213.60	Med GS17/EE	8531	863.01
Phl Holiday		0.00	92.00		935.04	CA Withholding	4133	483.85
Stev Pay		0.00	40.00		1100.00	CA SDI/FTDI	2540	254.39
floating Holiday		0.00	32.00		955.24			
Overtime - Classified		0.00	16.00		700.00			
Vacation		0.00	64.00		1866.88			
Total:		80.00	2,121.84		5,215.00		18316	1,034.17
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Blue Shield Pre Tax	55.79	502.11	Total 21-ProTech Due	2043	19755.47	1021-Sick	234.41	
Blue Shield Pre Tax	35.04	1163.32				1021-Vacation	9631	
Cty Ref Full New Plan Pick Up	150.14	1558.70				1024-Clear Comp	0.00	
						1025-FL Holiday	0.00	
Total:	234.97	21501.13	1021	2043	19745.47	1021	234.41	
Current:	2,121.84		1021	1867.47	583.16	1024	274.80	1,463.88
YTD:	5,215.00		1021	19056.87	4,034.72	1024	2352.49	14,026.85

**MESSAGE:**

Advice #000000000003269 1463.88  
Total 1463.88

SAN FRANCISCO UNIFIED SCH DIST  
135 Van Ness Avenue  
San Francisco, CA 94102

Date:  
15/04/2011

Advice No.  
003269

Deposit Amount: \$1,463.88

To The  
Account(s) Of: ELISA P. JULIO  
3905 Savannah Court  
South San Francisco, CA 94080

Account Type	Deposit Amount
Cash/Raw	1463.88
Total:	1463.88

**NON NEGOTIABLE**

ATTACHMENT 2 JULAO 09-31756 DM

**ATTACHMENT**

## **U.S. Individual Income Tax Return**

2010

(9)

IRS Use Only—Do not write or staple in this space.

<b>Name, Address, and SSN</b>  See separate instructions.  <b>Presidential Election Campaign</b>		For the year Jan. 1-Dec. 31, 2010, or other tax year beginning		2010, ending	20	OMB No. 1545-0074		
		Your first name and initial <b>JULIO P.</b>	Last name <b>JULAO JR</b>				Your social security number <b>-6393</b>	
		If a joint return, spouse's first name and initial <b>ELISA P.</b>	Last name <b>JULAO</b>				security number <b>-6117</b>	
		Home address (number and street). If you have a P.O. box, see instructions. <b>3906 SAVANNAH COURT</b>			Apt. no.	Enter the SSN(s) above and on line 6c are correct.		
		City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. <b>SOUTH SAN FRANCISCO CA 94080</b>			Checking a box below will not change your tax or refund.			
		<input type="checkbox"/> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund			<input type="checkbox"/> You <input type="checkbox"/> Spouse			
		<b>Filing Status</b>		1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►			
		2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)		5 <input type="checkbox"/> Qualifying widow(er) with dependent child				
		3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►						
<b>Exemptions</b>		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b		
		6b <input checked="" type="checkbox"/> Spouse				No. of children on 6c who:		
		c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qual. child for child tax credit (see page 15)			
		(1) First name <b>JULAO</b>	9906	<b>Daughter</b>	<input type="checkbox"/> lived with you	1		
		Last name			<input type="checkbox"/> did not live with you due to divorce or separation (see instructions)			
					<input type="checkbox"/> Dependents on 6c not entered above			
		d Total number of exemptions claimed				Add numbers on lines above ► <b>3</b>		
<b>Income</b>		7 Wages, salaries, tips, etc Attach Form(s) W-2				7 <b>118,598</b>		
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.		8a Taxable interest. Attach Schedule B if required				8a		
		b Tax-exempt interest. Do not include on line 8a				9a		
		9a Ordinary dividends. Attach Schedule B if required				10		
		b Qualified dividends				11		
		10 Taxable refunds, credits, or offsets of state and local income taxes				12		
		11 Alimony received				13		
		12 Business income or (loss). Attach Schedule C or C-EZ				14		
		13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►				15b		
		14 Other gains or (losses). Attach Form 4797				16b <b>6,860</b>		
		15a IRA distributions	15a	b Taxable amount		17		
		16a Pensions and annuities	16a	b Taxable amount		18		
		17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E				19		
		18 Farm income or (loss). Attach Schedule F				20b		
		19 Unemployment compensation				21 <b>72,210</b>		
		20a Social security benefits	20a	b Taxable amount		22 <b>197,668</b>		
		21 Other income. List type and amount	<b>Gambling Winnings</b>					
		22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ►						
<b>Adjusted Gross Income</b>		23 Educator expenses	23	250				
		24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24					
		25 Health savings account deduction. Attach Form 8889	25					
		26 Moving expenses. Attach Form 3903	26					
		27 One-half of self-employment tax. Attach Schedule SE	27					
		28 Self-employed SEP, SIMPLE, and qualified plans	28					
		29 Self-employed health insurance deduction	29					
		30 Penalty on early withdrawal of savings	30					
		31a Alimony paid b Recipient's SSN ►	31a					
		32 IRA deduction	32					
		33 Student loan interest deduction	33					
		34 Tuition and fees. Attach Form 8917	34					
		35 Domestic production activities deduction. Attach Form 8903	35					
		36 Add lines 23 through 31a and 32 through 35	36	250				
		37 Subtract line 36 from line 22. This is your adjusted gross income ►	37	197,418				

**For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.  
DAA**

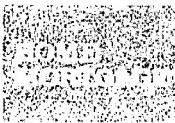
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Form 1040 (2010)

7AA

# ATTACHMENT 3 JULAO 09-31756 DM

WELLS  
FARGO



DATE: 04/27/11

Leon Jon Bonney  
Bonney and Ass  
825 Van Ness Ave. #304  
San Francisco, CA 94109-7837

RE: JULIO P JULAO  
WFHM: 708 -0062733753  
-CASE: 09-31756

RE: Request for workout options

Dear Sir or Madam:

After reviewing the information provided to us, we must advise you that the request made by your clients, as noted above, for a Loan Modification has now been declined for the following reason(S):

→ X REMOVING FILE DUE TO NOT BEING ABLE TO OBTAIN ADDITIONAL INFORMATION FROM OUR MORTGAGOR(S) AFTER SEVERAL ATTEMPTS MADE. I AM RECOMMENDING THIS FILE BE REMOVED FOR NOT MEETING THE NECESSARY REQUIREMENTS FOR REVIEW. WE CAN REOPEN THE FILE ONCE THE NECESSARY DOCUMENTS HAVE BEEN OBTAINED. ←

As the loan is still active in a bankruptcy, no other actions will proceed at this point and we are closing our file.

Please note that you still have the option of reapplying for modification consideration and/or liquidating your interest in the property by either a Short Sale or Deed in Lieu of Foreclosure. The criteria to be considered for either option is (1) the property must be marketed for 90 days or more (2) obtain a recent property appraisal, and (3) bankruptcy court approval. Once we receive verification that these criteria have been met, we will review the mortgage loan for a Short Sale or Deed in Lieu.

We regret that we could not be of greater assistance. If you have any further questions, please call us at (800) 274-7025, Monday through Friday, 8 AM to 8 PM, Central Time.

We are required by the Fair Debt Collection Practices Act to inform you that if your loan is currently delinquent or in default, as your loan servicer, we will be attempting to collect a debt and any information obtained will be used for that purpose. However, if you have received a discharge, and the loan was not reaffirmed in the bankruptcy case, we will only exercise our right as against the property and are not attempting any act to collect the discharge debt from you personally.

Sincerely,  
Susie Brasfield  
Well Fargo Home Mortgage

1000 BLUE GENTIAN RD SUITE 300, BAGAN, MN 55121  
MAIL #: X9999-01N PHONE: 800-274-7025 • FAX: 866-359-7363

**ATTACHMENT 4 JULAO 09-31756 DM**

LEON JON BONNEY, ESQ.

ATTORNEY AT LAW

BONNEY & ASSOCIATES

825 VAN NESS AVENUE, SUITE 304  
SAN FRANCISCO, CA 94109-7891

TEL (415) 986-0115      FAX (415) 236-6479

Email: bonney@Lbonney.com      Web: www.Lbonney.com

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April 29, 2011

Atiya Z. Nixon  
Well Fargo Home Mortgage  
1000 Blue Gentian RD Ste 300  
Eagan, MN 55121  
Via Fax 1-866-359-7363 and Email: Atiya.Z.Nixon@wellsfargo.com

Re      WFHM: 708\_0062733753  
CASE: 09-31756  
Request for workout options - Loan Modification  
Julio P Julao and Elisa P Julao  
3906 Savannah Ct, South San Francisco, CA 94080

Dear Ms Nixon,

In reply to your letter dated April 29, 2011 (copy attached for your reference) regarding my clients workout efforts, wherein you state you will be closing your file, please do not close the file.

I expect to submit the full package of information, which you requested no later than Tuesday May 3, 2011. I have an appointment with my clients scheduled for 4 PM on Monday May 2, 2011 to obtain their signatures on the documents, which are to be submitted to you.

I will be faxing the information to you at 1-866-359-7363. Please confirm that this is the correct fax number that you require the documents to be faxed. Alternatively, if you prefer PDF copies to be sent via email, please confirm to which email address you wish the documents sent.

If you have any questions or comments please feel free to contact me. Thank you for your assistance.

Cordially,



---

Leon Jon Bonney  
Attorney at Law  
Cc:      Trustee, Clients  
W/attachments

LJB/mmi

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# ATTACHMENT 4 JULAO 09-31756 DM



DATE: 04/29/2011

**Leon Jon Boone  
Booney and Assoc  
825 Van Ness Ave. #304  
Sanfrancisco, CA 94109**

WFHM: 708\_0062733753  
CASE: 09-31756  
RE: Request for workout options

Dear Sir or Madam:

After reviewing the information provided to us, we must advise you that the request made by your clients, as noted above, for a Loan Modification has now been declined for the following reason(S):

X REMOVING FILE DUE TO NOT BEING ABLE TO OBTAIN ADDITIONAL INFORMATION FROM OUR MORTGAGOR(S) AFTER SEVERAL ATTEMPTS MADE. I AM RECOMMENDING THIS FILE BE REMOVED FOR NOT MEETING THE NECESSARY REQUIREMENTS FOR REVIEW. WE CAN REOPEN THE FILE ONCE THE NECESSARY DOCUMENTS HAVE BEEN OBTAINED.

As the loan is still active in a bankruptcy, no other actions will proceed at this point and we are closing our file.

Please note that you still have the option of reapplying for modification consideration and/or liquidating your interest in the property by either a Short Sale or Deed in Lieu of Foreclosure. The criteria to be considered for either option is (1) the property must be marketed for 90 days or more (2) obtain a recent property appraisal, and (3) bankruptcy court approval. Once we receive verification that these criteria have been met, we will review the mortgage loan for a Short Sale or Deed in Lieu.

We regret that we could not be of greater assistance. If you have any further questions, please call us at (800) 274-7025, Monday through Friday, 8 AM to 8 PM, Central Time.

We are required by the Fair Debt Collection Practices Act to inform you that if your loan is currently delinquent or in default, as your loan servicer, we will be attempting to collect a debt and any information obtained will be used for that purpose. However, if you have received a discharge, and the loan was not reaffirmed in the bankruptcy case, we will only exercise our right as against the property and are not attempting any act to collect the discharge debt from you personally.

Sincerely,

Well Fargo Home Mortgage

1000 BLUE GENTIAN RD. SUITE 300, EAGAN, MN 55121  
MAC#: X9999-01N PHONE: 800-274-7025 • FAX: 866-359-7363

## ATTACHMENT 5 JULAO 09-31756 DM

### **Bonney & Associates**

**From:** <Atiya.Z.Nixon@wellsfargo.com>  
**To:** <bonney@lbonney.com>  
**Sent:** Friday, April 29, 2011 10:41 AM  
**Subject:** RE: JULIO P JULAO and ELISA P JULAO-708\_0062733753

I will open the file back up when I receive the documents needed. You can send the documents via email or fax. If you send the documents by fax please email me to notify.

Thanks

**From:** Leon Jon Bonney Atty [mailto:[bonney@lbonney.com](mailto:bonney@lbonney.com)]  
**Sent:** Friday, April 29, 2011 11:23 AM  
**To:** Nixon, Atiya Z.  
**Subject:** Re: JULIO P JULAO and ELISA P JULAO-708\_0062733753

April 29, 2011

Atiya Z. Nixon  
Well Fargo Home Mortgage  
1000 Blue Gentian RD Ste 300  
Eagan, MN 55121  
Via Fax 1-866-359-7363 and Email: [Atiya.Z.Nixon@wellsfargo.com](mailto:Atiya.Z.Nixon@wellsfargo.com)

Re WFHM: 708\_0062733753  
CASE: 09-31756  
Request for workout options - Loan Modification  
Julio P Julao and Elisa P Julao  
3906 Savannah Ct, South San Francisco, CA 94080

Dear Ms Nixon,

Please see attached. In reply to your letter dated April 29, 2011 (copy attached for your reference) regarding my clients workout efforts, wherein you state you will be closing your file, please do not close the file.

I expect to submit the full package of information, which you requested no later than Tuesday May 3, 2011. I have an appointment with my clients scheduled for 4 PM on Monday May 2, 2011 to obtain their signatures on the documents, which are to be submitted to you.

I will be faxing the information to you at 1-866-359-7363. Please confirm that this is the correct fax number that you require the documents to be faxed. Alternatively, if you prefer PDF copies to be sent via email, please confirm to which email address you wish the documents sent.

If you have any questions or comments please feel free to contact me. Thank you for your assistance.

Best Regards,

Leon Jon Bonney, Esq.

## ATTACHMENT 5 JULAO 09-31756 DM

Bonney & Associates Attorney at Law  
825 Van Ness Avenue Ste. 304 San Francisco, CA 94109-7891  
Tel: 1-415-986-0115 Fax: 1-415-236-6479 Web: [www.LBonney.com](http://www.LBonney.com) Email: [Bonney@LBonney.com](mailto:Bonney@LBonney.com)  
Licensed by the State Bar of California Since 1983. Office Hours M-F 9-5

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----- Original Message -----

**From:** [LJBonney Atty](mailto:LJBonney Atty)  
**To:** [bonney@bonney.com](mailto:bonney@bonney.com)  
**Sent:** Friday, April 29, 2011 8:20 AM  
**Subject:** Fw: JULIO P JULAO and ELISA P JULAO-708\_0062733753

----- Original Message -----

**From:** [Atiya.Z.Nixon@wellsfargo.com](mailto:Atiya.Z.Nixon@wellsfargo.com)  
**To:** [ljbonney@earthlink.net](mailto:ljbonney@earthlink.net)  
**Sent:** Friday, April 29, 2011 6:11 AM  
**Subject:** JULIO P JULAO and ELISA P JULAO-708\_0062733753

## ATTACHMENT 6 JULAO 09-31756 DM

### **Bonney & Associates**

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**From:** "Leon Jon Bonney Atty" <[bonney@lbonney.com](mailto:bonney@lbonney.com)>  
**To:** <[Atiya.Z.Nixon@wellsfargo.com](mailto:Atiya.Z.Nixon@wellsfargo.com)>  
**Sent:** Tuesday, May 24, 2011 11:23 AM  
**Subject:** Julio & Elisa Julao Ch13 09-31756 DM Loan Number: 708 0062733753 Well Fargo Home Mortgage - Loss Mitigation RMA

Dear Ms Nixon,

I am following up on the loan modification application which I sent to you regarding the Julao's.  
Is there any update at this time?

In re Julio & Elisa Julao Ch13 09-31756 DM Loan Number: 708 0062733753 Wells Fargo Home Mortgage

Re Attorney's Authorization to Contact Borrowers

Loan Number: 708 0062733753 Wells Fargo Home Mortgage  
3906 Savannah Ct, South San Francisco, CA 94080-3947

Borrowers: Julio P Julao and Elisa P Julao

In re Julio P Julao and Elisa P Julao Ch 13 Bankruptcy Case No. 09-31756 DM

Best Regards,

Leon Jon Bonney, Esq.

Bonney & Associates Attorney at Law

825 Van Ness Avenue Ste. 304 San Francisco, CA 94109-7891

Tel: 1-415-986-0115 Fax: 1-415-236-6479 Web: [www.LBonney.com](http://www.LBonney.com) Email:

[Bonney@LBonney.com](mailto:Bonney@LBonney.com)

Licensed by the State Bar of California Since 1983. Office Hours M-F 9-5

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